STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

IAN 3 0 2019

				JAN 3 0 2013
I. Name of Lobbyist(s)	Jodi Grinbil	مح		NEW HAMPSHIRE
II. Name of lobbyist's partne	rship, firm or corporation,	, if any:		DEPARTMENT OF STAT
J. Gr. mb des ?	Strategic So	luteuns	LLC.	
(Name of parti	nership, firm or corporation)			
Po Sox 233 Business Address: (Street)	Loth (Town/Cit	wood	NH	03261.
Business Address: (Street)	(Town/City	y)	(State)	(Zip Code)
(603) 496-2638 (Telephone)	()((Fax)	e-mail jod (@	O3261. (Zip Code) jgstrategies.c
III. This statement covers: (C reportable expense transactio	ns which are not attributa	ble to any one	client).	
☐ All reportable transactions	occurring in the months prior	r to the reporti	ng date relative to the	following client:
<u> </u>	sco System ime of Client as a appears on th			
(Full Na	me of Client as a appears on th	ie Lobbyist Regi	stration Form)	
All reportable transactions bunnelated to any particular clier IV. Date of Report April 2	• • • • =	-	nily), or the lobbying fi uly 25, 2018	rm listed below which are
	ate of registration to 3/31/18		From 4/1/18 to 6/30/18	
	er 31, 2018		nuary 30, 2019 🗹 from 10/1/18 to 12/31/18	
V. There have been no fees If this box is checked, complete Concord, NH 03301.				
VI. Check if additional report				
If you have received fees or				
If you have paid an honorar Expense Reimbursement	ium or reimbursed expenses	s, you must file	Addendum B- Repoi	t of Honorariums or
If you, your firm, or your fa	mily has made political cont	tributions, you	must file Addendum	C- Political Contributions
Sworn Statement/Affirmation have read RSA 15, RSA 15-B, and complete to the best of my l	RSA 14-C and RSA 664 an knowledge and belief.		r or affirm that the fore	
(Signature of lobbyist)			(Date)	<u>-</u> _
(Signature of lobbyist) Topi G (